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PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 099 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) RATE FEE FFF NUMBER FILED NUMBER EXTRA RATE FOR \mathcal{M} **BASIC FEE** OR (37 CFR 1.16(a)) TOTAL CLAIMS 0 X S OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS OR minus 3 (37 CFR 1.16(b)) : _ OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 190 OR TOTAL TOTAL * If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR AMSE (Column 1) SMALL ENTITY (Column 2) (Column 3) SMALL ENTITY CLAIMS HIGHEST PRESENT RATE ADDI-RATE ADDI-REMAINING NUMBER **EXTRA** IONAL TIONAL ENT **PREVIOUSLY AFTER** FEE FEE PAID FOR AMENDMENT 22 0 Minus Total M X S OR (37 CFR 1.16(c)) Minus Independent (37 CFR 1.16(b)) OR ш FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 3) (Column 1) (Column 2) HIGHEST CLAIMS PRESENT RATE ADDI-RATE ADDI-NUMBER REMAINING TIONAL TIONAL **PREVIOUSLY EXTRA AFTER** ENT dl FEE FEE **PAID FOR** AMENDMENT Total Minus 2 ENDME OR (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) Minus = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR. TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-RATE **PRESENT** ADDI-REMAINING NUMBER RATE TIONAL **EXTRA** TIONAL **PREVIOUSLY AFTER** ENT FEE FEE **AMENDMENT PAID FOR** Minus Total ENDM X S OR (37 CFR 1.16(c)) X \$ Minus = = OR -FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR = TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	PATENT A		Application or Docket Number 09 9 1 1 3 2 1 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY	OR	OTHER SMALL	
TOTAL CLAIMS			19				1	RATE	FEE		RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEI	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			9 minus 20=		· 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			4 minus 3 =		•			X40=		OR	X80=	80
MUI	LTIPLE DEPEN	DENT CLAIM PR	RESENT					+135=			+270=	20
• If (the difference	less than ze	ss than zero, enter "0" in column 2					┼	OR	TOTAL	700	
								TOTAL		OR	OTHER	790
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL EEE		RATE	ADDI- TIONAL FEE
	Total	. 19	Minus	• a	0	= O		X\$ 9=		OR	. X\$18=	NO
ME	Independent	. 4	Minus	***	4	=0		X40=		OR	X80=	FEE
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDEN	T CLAIM		}	+135=		OR	+270=	DU8)
								TOTAL		1	TOTAL	
9.15-03 (Column 1) (Column 2) (Column 3)								ADDIT. FEI	17—	OR	ADDIT. FEE	
AMENDMENT B		COMMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL ÆËE		RATE	ADDI- TIONAL FEE
	Total	. 192	Minus	વ	<u>D</u>	= 🔿		X\$ 9=		ОЯ	X\$18=	NO
	Independent	· 4	Minus	•**	4	-O_	1	X40=		OR	X80=	FES
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		ОЯ		DUE
4	-204		(3)	(0-1)	a\	(Caluma 2	v	ADDIT. FE		OR	ADDIT. FEE	
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	umn 2) HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 22	Minus	6	20	= 2	1	X\$ 9=		OR	X\$18=	36
ME	Independent	. 7	Minus	***	N	-3		X40=		1	186	258
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	+	OR		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	L-TOTA	0011
**	If the "Highest Nu "If the "Highest No	imber Previously F imber Previously F imber Previously Pa imber Previously Pa	Paid For IN THI Paid For IN TH	IS SPACE	E is less th E is less th	an 20, enter "2 an 3, enter "3."	•	TOTA ADDIT. FE Sund in the	[<u> </u>	OR ox in c	ADDIT. FEE	

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